

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2001 8:00 am
Secretary of State

05-29-2001 90009 019 ***150.00

DOCUMENT # P00000075166

1. Entity Name
SALTWATER INNOVATIONS, INC.

Principal Place of Business 3305 PINE WALK DRIVE #203 MARGATE FL 33063	Mailing Address 3305 PINE WALK DRIVE #203 MARGATE FL 33063
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2. Principal Place of Business 23004 Sandalfoot plaza	3. Mailing Address 23004 Sandalfoot plaza
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Boca Raton FL	City & State Boca Raton
Zip 33428	Zip 33428
Country palm Beach	Country palm Beach



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
KAUFMAN, BARRY M
9900 W. SAMPLE ROAD
SUITE 403
CORAL SPRINGS FL 33065

4. FEI Number
65-1031782

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **CHRIS CZARNOCKI President** (Signature, typed or printed name of registered agent and title if applicable.) (NOT Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAZ, MICHAEL 11600 NW 56TH DRIVE #102 CORAL SPRINGS FL 33076	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CZARNCKI, CHRISTOPHER 3305 PINE WALK DRIVE #203 MARGATE FL 33063	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that the signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Chris Czarnocki** (Signature and typed or printed name of signing officer or director)

Date **(561) 470-7107** Daytime Phone #

CR2E034 (10/00)